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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None

HP

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

HP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>HP</u> Initials	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 2027	INDEPENDENT CLAIMS 3
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## ADDRESS

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## TITLE

Motorized cover system and method of use thereof

FILING FEE  RECEIVED 1062	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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